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FEC FORM 1	STATEMENT OF ORGANIZATION								Office	e Use C	Only			
NAME OF COMMITTEE (ir	n full)	(Check if name Example:If typing, type is changed) over the lines.					Office Use Only							
Pharmaceuti	cal Res	earch & Man	ufactu	rers o	f Amei	rica B	etter (	Gove	ernm	ent	Coı	mm	nitte	е
ADDRESS (number a	nd street)	950 F Street, NW												Ш
(Check if address is changed)		Suite 300				1 1 1						1 1		
		Washington					DC		20004					
			CITY					≣		ZIP	COE	DΕ		
COMMITTEE'S E-MA	AL ADDRES	S (Please provide or	nly one e-m	nail addres	ss)									
		patricestormtaylor	-		, 	1 1 1		1 1	1 1	1 1	l I	1 1	I	ı
(Check if address is changed)								1 1						
OOMMITTEE O MED		NDF-00 (UDL)												
COMMITTEE'S WEB	PAGE ADD	RESS (URL)												
(Check if address is changed)														Ш
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2. DATE 10	M / 05	2011												
3. FEC IDENTIFIC	CATION NU	MBER	C C00	021972										
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMEND	ED (A)								
I certify that I have e	examined thi	s Statement and to	the best o	of my kno	wledge an	d belief i	it is true,	correc	t and c	omple	e.			
Type or Print Name	of Treasurer	Anne Holmes												
Signature of Treasure	Anne Ho	lmes		[E	lectronicall	y Filed]	Date	10	M /	05	′ [	Y	2011	Υ
NOTE: Submission of		ous, or incomplete info								nalties	of 2	U.S.0	C. §43	7g.

	Office			For further information contact:	FEC FORM 1
ı	Use			Federal Election Commission	
ᆫ	Only			Toll Free 800-424-9530	(Revised 02/2009)